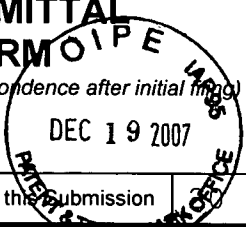
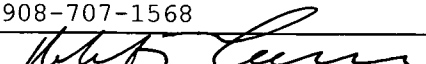
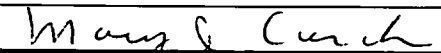


TRANSMITTAL FORM (to be used for all correspondence after initial filing) 	Application Number	10/716,919
	Filing Date	11/19/2003
	First Named Inventor	Paul Bruschi
	Confirmation No.	6419
	Examiner Name	Kohut, David M.
Total Number of Pages in this Submission	Attorney Docket Number	2003P00794US01

Enclosures (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, and Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Authorization To Act In A Representative Capacity	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below) <div>Check in the amount of \$460.00</div>
Remarks : In response to Official Action dated 07/17/2007		

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NAME	Siemens Corp., Intellectual Property Department				
ADDRESS	170 Wood Avenue South, fifth floor				
CITY	Iselin	STATE	New Jersey	ZIP CODE	08830
COUNTRY	United States of America			FAX	732-321-3014

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	12/17/2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 12/17/2007			
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